

Date: 16 NOV 2024

To,  
LIC of India  
Branch Office  
31B

Proposal No. 6241

Name of the Life to be assured SOHAN LAL

The Life to be assured was identified on the basis of AADHAR CARD

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

(u)

Dr. HEMANT KAPOOR  
MD, DPM

Signature of the Pathologist/Doctor

Consultant Pathologist  
DMC Regd. No. 38838

Name: DR. HEMANT KAPOOR

I confirm I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

*Sohan Lal*

(Signature of the Life to be assured)

Name of life to be assured: SOHAN LAL

Reports Enclosed:

Sr. No.	Reports Name	Sr. No.	Reports Name
1	✓ FMB	9	✓ Lipogram
2	✓ Rest ECG with Training	10	✓ BSG (Blood Sugar Test Fasting & PP) Both
3	✓ Heparogram	11	✓ Echo
4	✓ Hb% <sub>s</sub>	12	✓ FBS (Fasting Blood Sugar)
5	✓ SBT-15	13	✓ PGPS (Post Glucose Blood Sugar)
6	✓ Elisa for HIV	14	✓ CTMG with Training
7	✓ PUA	15	✓ Prognosis and other documents
8	✓ Chest X-Ray with (Plate) (PA View)		

16. Questionnaires: NO

17. Others (Please Specify): NO

Remarks of Health Assure PVT LTD

Authorized Signature \_\_\_\_\_



**MEDICAL EXAMINER'S REPORT**  
Form No LICG-001 (Revised 2020)

Branch Code:  
Proposal/ Policy No: 6241  
MSP namecode:  
Date/ Time of Examination: 16/11/2024  
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: 92587696  
Identity Proof verified: AADHAR CARD ID Proof No: XXXX XXXX 5933  
(In Case of Aadhaar Card, please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above. For Physical MER, Identity Proof is to be verified and stamped.]  
For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

I would like to inform that this call/visit to Dr. HEMANT KAPUR (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/Video/Physical Examination on behalf of LIC of India.

Sohani Lal  
Signature/ Thumb impression of Life to be assured  
(In case of Physical Examination)

1. Full name of the Life to be assured: <u>SOHANI LAL</u>	
2. Date of Birth: <u>20/08/1972</u> Age: <u>52</u>	Gender: <u>M</u>
3. Height (In cm): <u>171</u> Weight (In kg): <u>71</u>	
4. Required only in case of Physical MER	
Pulse: <u>78</u>	Blood Pressure (2 readings): 1. Systolic <u>118</u> Diastolic <u>79</u> <u>(3) 121/82</u> 2. Systolic <u>120</u> Diastolic <u>81</u>
ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED	
If answers to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation	
5. a. Whether receiving or ever received any <i>treatment/medication</i> including alternate medicine like ayurveda, homeopathy etc? b. Undergone any <i>surgery / hospitalized</i> for any medical condition / disability / injury due to accident? c. Whether visited the doctor any time in the last 5 years? If answer to any of the questions (a) to (c) is yes - i. Date of surgery/accident/injury/hospitalization ii. Nature and cause iii. Name of Medicine iv. Degree of impairment if any v. Whether unconscious due to accident, if yes, give duration	NO
6. In the last 5 years, if advised to undergo an X-ray/CT scan/ MRI/ ECG/ YMT/ Biops test/ Sputum/Throat swab test or any other investigatory or <i>diagnostic tests</i> ? Please specify date, reason, advised by whom & findings.	NO
7. Suffering or ever suffered from <i>Novel Coronavirus (Covid-19)</i> or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhoea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days. If you provide all investigation and treatment reports	NO

8	<p>a. Suffering from <i>Hypertension</i> (high blood pressure) or <i>diabetes</i> or blood sugar levels higher than normal or history of sugar/albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? (Please give name of the prescribed medicine and dosage)</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other <i>endocrine disorders</i> such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	NO
9	<p>a. Any history of chest pain, <i>heartattack</i>, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from <i>high cholesterol</i>?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	NO
10	Suffering or ever suffered from any disease related to <i>kidney</i> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	NO
11	Suffering or ever suffered from any <i>Liver disorders</i> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <i>lung related</i> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis/ breathing difficulties etc.?	NO
12	Suffering or ever suffered from any <i>Blood disorder</i> like anaemia, thalassemia or any <i>Circulatory disorder</i> ?	NO
13	Suffering or ever suffered from any form of <i>cancer</i> , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	NO
14	Suffering or ever suffered from Epilepsy, <i>nervous disorder</i> , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	NO
15	Suffering or ever suffered from any <i>physical impairment/ disability/ amputation</i> or any congenital disease/ abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	NO
16	Suffering or ever suffered from <i>Flu</i> or <i>disorder of the Stomach</i> / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	NO
17	<p>a. Suffering from Depression/ Stress/ Anxiety/ Psychosis or any other Mental / <i>psychiatric disorder</i>?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosage.</p>	NO
18	Is there any <i>abnormality</i> of Eyes (partial/total blindness), Ears (deafness/ discharge from the ears), Nose, Throat or Mouth, teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	NO
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for <i>HIV/AIDS/ Sexually transmitted diseases</i> (e.g. syphilis, gonorrhoea, etc.)	NO
20	Ascertain if any other condition/ disease / adverse habit (such as <i>smoking/ tobacco chewing/ consumption of alcohol/drugs</i> etc.) which is relevant in assessment of medical risk of examinee.	NO

For Female Proponents only		NA
i	Whether pregnant? If so duration.	
ii	Suffering from any pregnancy related complications	
iii	Whether consulted a gynaecologist or undergone any investigation, treatment, for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same	

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	FIT (YES)
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Declaration

You Mr/Ms SOHAN LAL declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

*Sohan Lal*

Signature/ Thumb Impression of Life to be assured  
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the \_\_\_ day of 16/11/2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Place: NEW DELHI  
Date:  
Stamp: 16/11/2024

*(u)*  
Signature of Medical Examiner  
Name & Code No

**Dr. HEMANT KAPOOR**  
**MD, DPB**  
**Consultant Pathologist**  
**DMC Regd. No. 38836**


  
 Unique Identification Authority of India


  
 श्रीमान् श्री  
 Sachin Lal  
 2008/1008/2008/1008  
 SEX: MALE

2762 2242 5933  
 UID: 2196247534801338

भारत सरकार, नई दिल्ली

Dr. HEMANT KAPOOR  
 MD, DPB  
 Consultant Pathologist  
 DMC Regd. No. 36836


  
 Unique Identification Authority of India



2762 2242 5933  
 UID: 9144747854301338

Unique Identification Authority of India  
 C/O Mathu Ram, B2A 104, InCra Park,  
 Pradipati Colony, Uttam Nagar, West  
 Delhi - 110059

Dr. HEMANT KAPOOR  
 MD, DPB  
 Consultant Pathologist  
 DMC Regd. No. 36836

1441-A, WARD NO - 1, (Opp. R.H.T.C).  
NAJAFGARH, NEW DELHI-110043  
Tel : 011-41500010  
Mob : +91-8588864117 / 136  
Email : doctorsdiagnostic1996@gmail.com  
Website : www.doctorsdiagnosticcentre.in

*Excellence In Diagnostics & Healthcare Services*

# DDC DOCTORS DIAGNOSTIC CENTRE

Consultant Pathologist  
**DR. HEMANT KAPOOR**  
MD, DPM (Pathology)

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MD (Radiology)

  
Dr. HEMANT KAPOOR  
MD, DPM  
Consultant Pathologist  
DMC Regd No. 35838



GPS Map  
Camera

44-45/1, Najafgarh Rd, Jataw-Mohalla, Najafgarh, New Delhi, Delhi  
110043, India

Latitude  
28.5139085°  
Longitude  
76.9852012°  
Altitude 275 metres  
03:57:11 AM  
Saturday, 16/11/2024

1441-A, WARD NO.-1, (Opp. R.I.T.C.)  
N. IAFGARH, NEW DELHI-110043  
Tel: 011-41500010  
Mob: +91-8588864117 / 136  
Email: doctorsdiagnostic1996@gmail.com  
Website: www.doctorsdiagnosticcentre.in



# DDQ DOCTORS DIAGNOSTIC CENTRE

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Consultant Pathologist  
**DR. HEMANT KAPOOR**  
MD, DNB (Pathology)

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MD (Radiology)

Lab NO	072411160002	Sr.No	501
NAME	MR.SOHAN LAL	Ref. BY	LIC
Age / Sex	52 YRS/MALE	Sample Coll DATE	16/Nov/2024 08:47AM
S/O	NATHU RAM	Approved ON	16/Nov/2024 01:46PM
DATE	16/Nov/2024 08:44AM	Printed ON	16/Nov/2024 01:46PM
B.A. 1550			

Test Name	Result	Status	Bio. Ref. interval	Unit
<b>HAEMATOLOGY</b>				
<b>Haemoglobin, Whole Blood EDTA</b>				
Haemoglobin (Hb) <i>Method: Cyanmeth Photometry</i>	15.1		13.00-18.00	gm/dl

DR. JAI PRABHAN  
MBBS, MD

Printed By: R. PATHOLOGIST

DR. HEMANT  
MD, DNB  
PATHOLOGIST

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TECHNICAL OFFICER

Page 1 of 5



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Consultant Pathologist  
**DR. HEMANT KAPOOR**  
MD, DNB (Pathology)

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MD (Radiology)

Lab NO	072411160002	Sr.No	501
NAME	MR.SOHAN LAL	Ref. BY	LIC
Age / Sex	52 YRS/MALE	Sample Coll DATE	16/Nov/2024 08:47 AM
S/O	NATHU RAM	Approved ON	18/Nov/2024 11:13 AM
DATE	16/Nov/2024 08:44 AM	Printed ON	18/Nov/2024 12:08 PM
		B.A.1550	

Test Name	Result	Status	Bio. Ref. Interval	Unit
<b>BIOCHEMISTRY</b>				
<b>BLOOD SUGAR FASTING (FBS), Sod.Fluoride</b>				
Blood Sugar Fasting <small>Method : GUMPOD</small>	120	High	70-110	mg/dL
Urine for Glucose	NIL			

**ADVISE :- BLOOD SUGAR PP & HbA1C FOR CONFIRMATION.**

**NOTE:**

- 1) The diagnosis of Diabetes requires a fasting plasma glucose of  $\geq 126$  mg/dl and /or a random/ 2hr postglucose value of  $\geq 200$  mg/dL on least 2 occasions.
- 2) Very high glucose levels ( $> 450$  mg/dl in adults) may result in diabetic ketoacidosis & is considered critical.

**Interpretation: (As per WHO guidelines)**

Status	Fasting plasma glucose in mg/dl	PP plasma glucose in mg/dl
Normal	70 - 110	70 - 140
Impaired fasting glucose	110 - 125	70 - 140
Impaired glucose tolerance / pp	70 - 110	141 - 199
Pre-Diabetes	110 - 125	141 - 199
Diabetes mellitus	$\geq 126$	$\geq 200$

**Note :-** Each individual's target range should be agreed by their doctor or diabetic consultant.

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

**\*\*\* End Of Report \*\*\***



Tests marked with NABL symbol are accredited by NABL, vide Certificate no. MC-3237. Validity till 03/01/2025

**DR. JAI PRABHAN**  
 MBBS, MD

Printed By: **RUPA**  
 Duplicate Report  
**PATHOLOGIST**

*Signature*  
**DR. HEMANT**  
 MD, DNB  
**PATHOLOGIST**

**6**  
**CHECKED**  
**TECHNICAL OFFICER**



*Excellence In Diagnostics & Healthcare Services*

Consultant Pathologist  
**DR. HEMANT KAPOOR**  
 MD, DNB (Pathology)

Consultant Radiologist  
**DR. BIPUL BISWAS**  
 MD (Radiology)

<b>Lab NO</b>	<b>072411160002</b>	<b>Sr.No</b>	<b>501</b>
<b>NAME</b>	<b>MR.SOHAN LAL</b>	<b>Ref. BY</b>	<b>LIC</b>
<b>Age / Sex</b>	<b>52 YRS/MALE</b>	<b>Sample Coll DATE</b>	<b>16/Nov/2024 08:47AM</b>
<b>S/O</b>	<b>NATHU RAM</b>	<b>Approved ON</b>	<b>16/Nov/2024 01:46PM</b>
<b>DATE</b>	<b>16/Nov/2024 08:44AM</b>	<b>Printed ON</b>	<b>16/Nov/2024 01:46PM</b>
		<b>B A 1550</b>	

Test Name	Result	Status	Bio. Ref. Interval	Unit
<b>BIOCHEMISTRY</b>				
<b>Lipid Profile</b>				
Total Lipids <i>Method : Calculated</i>	685		400-1000	mg/dL
Serum Triglycerides <i>Method : Colorimetric - Lipid Glucosyl kinase</i>	220	High	0.0-150	mg/dL
Serum Total Cholesterol <i>Method : Colorimetric - cholesterol oxidase</i>	182		0.0-200	mg/dL
Serum HDL Cholesterol <i>Method : Colorimetric - non HDL precipitation</i>	42		40-60	mg/dL
VLDL Cholesterol <i>Method : Calculated</i>	44	High	0-32	mg/dL
LDL Cholesterol <i>Method : Calculated</i>	96		0-100	mg/dL
Cholesterol / HDL Ratio <i>Method : Calculated</i>	4.3		3.0-4.4	mg/dL

**NOTE :- SERUM IS LIPAEMIC. IT MAY INTERFERE WITH TRIGLYCERIDE ESTIMATION.**

**KINDLY CORRELATE CLINICALLY.**

5

<b>Total cholesterol (mg /dL)</b>	
<200	Desirable
200-239	Borderline High
>= 240	High
<b>HDL Cholesterol (mg/dL)</b>	
<40	Low
>60	High
<b>LDL Cholesterol (mg /dL)</b>	
<100	Optimal
100-129	Near optimal /Above optimal
130-159	Borderline High
160-189	High
>190	Very High
<b>Male Triglycerides (mg/ dL)</b>	
<150	Normal

**DR. JAI PRABHAN**  
 MBBS, MD

Printed By: RFPATHOLOGIST

*Dr. Hemant Kapoor*  
**DR. HEMANT**  
 MD, DNB  
 PATHOLOGIST

*b*  
 CHECKED  
 TECHNICAL OFFICER

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Consultant Pathologist  
**DR. HEMANT KAPOOR**  
MD, DPM (Pathology)

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MBBS, DNB (Radiology)

<b>Lab NO</b>	<b>072411160002</b>	<b>Sr.No</b>	<b>501</b>
<b>NAME</b>	<b>MRSOHAN LAL</b>	<b>Ref. BY</b>	<b>LIC</b>
<b>Age / Sex</b>	<b>52 YRS/MALE</b>	<b>Sample Coll DATE</b>	<b>16/Nov/2024 08:47AM</b>
<b>S/O</b>	<b>NATHU RAM</b>	<b>Approved ON</b>	<b>16/Nov/2024 01:46PM</b>
<b>DATE</b>	<b>16/Nov/2024 08:44AM</b>	<b>Printed ON</b>	<b>16/Nov/2024 01:46PM</b>
		<b>R. A. 1550</b>	

150-199	Borderline High
200-499	High
>500	Very High
<b>Female Triglycerides (mg/ dL)</b>	
<150	Normal
150-179	Borderline High
180-450	High
>450	Very High
<b>Cholesterol HDL Ratio</b>	
3.3-4.4	Low Risk
4.5-7.1	Average Risk
7.2-11.0	Moderate Risk
>11.0	High Risk

**Interpretation:- Cholesterol:** There is a clear cut relationship between elevated serum cholesterol and myocardial infarction. At the tissue level it plays a prominent part in atherosclerotic lesions.

**Triglycerides:** Elevated levels are seen with overnight fast less than 12 hours, Non insulin dependent diabetes mellitus obesity, alcohol intake, Hyperlipidemias (specially types I, IV & V: > 1000), anabolic steroids, cholestyramine, corticosteroids amiodarone & interferon.

**HDL-cholesterol:** It is a cardioprotective cholesterol (good cholesterol). Patients with low levels of HDL are at increased risk for premature CHD. Decreased levels are seen in stress, starvation, obesity, Lack of exercise, Cigarette smoking, Diabetes mellitus, thyroid disorders and drugs like steroids, beta blockers, thiazides, progestins, neomycin and phenothiazines.

**LDL Cholesterol:** Major risk factors that modify LDL Goals are:

- \* Cigarette smoking.
- \* Hypertension (BP  $\geq$  140/90 or on antihypertensive medication)
- \* Low HDL cholesterol (<40 mg/dl)
- \* Family history of premature CHD (CHD in a male first degree relative <55 years / CHD in a female first degree relative < 65 years)
- \* Age (men  $\geq$ 45; women  $\geq$ 55= years).

Instrument Used: Vitros 250 Microslide (Dry-Biochemistry)

**DR. JAI PRABHAN**  
MBBS, MD

**DR. HEMANT**  
MD, DPM  
PATHOLOGIST

**CHECKED**  
TECHNICAL OFFICER



Excellence In Diagnostics & Healthcare Services

Consultant Pathologist  
**DR. HEMANT KAPOOR**  
MBBS, DPM, DABCP

Consultant Radiologist  
**DR. BIPUL BISWAS**  
MBBS, DNB, DABR

Lab NO	072411160002	Sr.No	501
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		R.A.1550	

Test Name	Result	Status	Bio. Ref. interval	Unit
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**CLINICAL PATHOLOGY**

**URINE FOR ROUTINE AND MICROSCOPY EXAMINATION , Urine**

**Physical Examination**

Quantity	15			ML
Colour	PALE YELLOW		Pale yellow	
Transparency	TURBID		Clear	
Reaction	ACIDIC			
Specific Gravity, Urine	1.015		1.010 - 1.025	

**Chemical Examination**

Urine Protein	NIL		Nil	
Reducing Sugar (Urine)	NIL		Nil	
Urine Bilirubin	ABSENT		Absent	
Blood	ABSENT		Absent	
Urobilinogen	NOT INCREASED		Not Increased	
Nitrate	ABSENT		Absent	

**Microscopic Examination:**

Pus Cells.	2-3		0-4	/HPF
RBCs	NIL		NIL	
Casts	NIL		NIL	
Crystal	NIL		Nil	
Epithelial Cells	1-2		Occasional	

MUCUS THREAD PRESENT.

\*\*\* End Of Report \*\*\*



DR. JAI PRABHAN  
 MBBS, MD  
 PATHOLOGIST

*(Signature)*  
 DR. HEMANT  
 MD, DPM  
 PATHOLOGIST

*(Signature)*  
 CHECKED  
 TECHNICAL OFFICER

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone Division Branch

Proposal No. 6241

Agent/D.O. Code: Introduced by: (name & signature)

Full Name of Life to be assured: SOHAN LAL

Age/Sex : 52 YRS / M

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated 16/11/24 given by me to LIC of India.

*Sohan Lal*

Witness

Signature or Thumb Impression of L.A.

*Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.*

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion?  
Y/N NO.
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N NO.
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N NO.

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at 16/11/24 on the day of 200

Signature of L.A.

*Sohan Lal*

Signature of the Cardiologist  
Name & Address  
Qualification Code No.

*A*  
16/11/24  
Dr Gajveer Singh  
MBBS, DNB General Medicine  
DMC Regn No 28332  
Consultant and Diabetes Clinic  
Deeyash Medical and Diabetes Clinic  
S-45 A, 46 A New Roshanpura  
Noida from New Delhi

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
171 CM	71 Kg	121/82	78

(B) Cardiovascular System

.....

.....

Rest ECG Report:

Position	-	P Wave	} was
Standardisation Imv	Yes	PR Interval	
Mechanism	-	QRS Complexes	
Voltage	Normal	Q-T Duration	
Electrical Axis	LAD	S-T Segment	
Auricular Rate	67 bpm	T-wave	
Ventricular Rate	67 bpm	Q-Wave	
Rhythm	Sinus		
Additional findings, if any.			

Conclusion:

LAD.

*Please arrange  
Ultrasound*

*[Signature]*

Dr Gajveer Singh  
 MBBS, DNB General Medicine  
 DMC Regn No. 28332  
 Consultant Medicine  
 Deeyash Medical and Diabetes Clinic  
 S-45 A, 46 A New RoShamPura  
 At 112 Feet, New Path...

Dated at 16/11/24 on the day of 200

Signature of the Cardiologist  
 Name & Address  
 Qualification  
 Code No.

COPY

ID: 707  
SOHAN LAL  
Male 52Years

Diagnosis Information:  
Sinus Rhythm  
Abnormal Q Wave(III)  
Low T Wave(V4,V5,V6)

16-11-2024 09:10:24 AM  
HR : 67 bpm  
P : 102 ms  
PR : 134 ms  
QRS : 82 ms  
QT/QTc : 390/412 ms  
P/QRS/T : 47/-4/53  
RV5/SV1 : 0.966/0.619 mV

LAD  
- posterior superficial  
Cholesterol

Dr. Gajveer Singh  
M.B.S. DNB General Medicine  
M.C. Regd. No. 333  
18/11/24

Report Confirmed by:

